

State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.001 Student		
Product Name:	ACA Filing		
Project Name/Number:	BSAS DC L20 000 1112 - RATES/		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	02/12/2013
Filing Method of Last Filing:	N/A

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):	
Nationwide Life Insurance Company	New Product	%	%				%	%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:									
Policy Holders:									

State: District of Columbia **Filing Company:** Nationwide Life Insurance Company
TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.001 Student
Product Name: ACA Filing
Project Name/Number: BSAS DC L20 000 1112 - RATES/

Rate Review Detail

COMPANY:

Company Name: Nationwide Life Insurance Company
HHS Issuer Id: 00000
Product Names: Blanket Student Accident and Sickness
Trend Factors:

FORMS:

New Policy Forms: BSAS DC L20 000 1112
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 275,268
Benefit Change:
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 50,407,076.00
Projected Incurred Claims: 38,662,227.00
Annual \$: Min: 183.12 Max: 183.12 Avg: 183.12

SERFF Tracking #:

NWLC-128868797

State Tracking #:**Company Tracking #:**

BSAS DC L20 000 1112 - RATES

State:

District of Columbia

Filing Company:

Nationwide Life Insurance Company

TOI/Sub-TOI:

H04 Health - Blanket Accident /Sickness/H04.001 Student

Product Name:

ACA Filing

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BSAS DC L20 000 1112 - RATES/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		College Rate Manual		New		Generic Rate Manual_college_BSAS AO L20 000 1112.pdf,
2		Private Secondary Rate Manual		New		Generic Rate Manual_private secondary_BSAS AO L20 000 1112.pdf,

Nationwide Life Insurance Company

Actuarial Rate Submission

For

**BLANKET STUDENT
ACCIDENT & SICKNESS POLICY**

**BSAS AO L20 000 1112
College**

Effective January 1, 2013

Nationwide Life Insurance Company

Student Health Insurance Rate Manual

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Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part A - Starting Claim Costs and Rating Formula

	School Year 2011-2012
Total Student Charges	49,935,395
Completion Factor	0.9642
Estimated Incurred Charges	51,789,458
Student Enrollment	22,418
Annual Charge per Student	2,310.17
Normalizing Adjustments:	
1. Geographic Area	1.0000
2. Demographic Adjustments	1.0000
3. Cost Sharing / Plan Design	0.6871
4. Network Adjustment	0.7626
Adjusted Costs:	
PSPY	1,210.49
Annual Trend Factor	10.0%
Cumulative Trend to SY 2012-13	1.10
2012-13 equivalent PSPY	1,331.53
<i>For the SHIP Plan:</i>	1,331.53

Where applicable, we request exemption from public disclosure.

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part A - Starting Claim Costs and Rating Formula - No Prior Experience

Rating Formula

		Manual Rating Component
(1)	Starting Annual Claims Cost Per Student (Effective Date = 8/1/12)	\$ 1,331.53
(2)	Benefit Adjustment	x 0.9895
(3)	Benefit Adjusted Starting Annual Claims Cost	\$ 1,317.55
(4)	Additional Benefits (Riders)	+ 42.85
(5)	Adjusted Starting Claim Cost PSPY	\$ 1,360.40
(6)	Network Factor Adjustment	x 1.0000
(7)	Composite Area Adj.	x 0.9580
(8)	Composite Age/Gender Adj.	x 1.0000
(9)	Program Enrollment Type Adj.	x 1.0000
(10)	Benefit-specific net claim cost PSPY	\$ 1,303.26
(11)	Trend to the rate year	x 1.0950
(12)	Trended Claims Cost PSPY	\$ 1,427.07
(13)	Dental and Vision Benefits	+ 46.82
(14)	Credibility	x 100%
(15)	Combined Claims Cost	\$ 1,473.89
(16)	Underwriting Adjustment	x 1.0000
(17)	Projected Rating Period Claims Cost PSPY	\$ 1,473.89
(18)	Target Loss Ratio	/ 0.767
(19)	Needed Premium PSPY	<u>\$ 1,921.63</u>

Undergraduate Student	\$ 1,921.63
Graduate	\$ 2,594.19
Spouse	\$ 6,725.69
Each Child	\$ 2,402.03
Children	\$ 5,284.47
Family	\$ 7,686.50
Composite	\$ 2,152.22

Underwriter Notes:

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part A - Starting Claim Costs and Rating Formula - Prior Experience

Rating Formula

		Manual Rating Component	Experience Rating Component
	Paid Claims Cost Per Student Current Year	n/a	\$ 168.33
	Completion Factor		0.1644
	Weighting Factor		20%
	Annual Trend		10.5%
(a)	Weighted and Trended Incurred Claims		\$ 204.78
	Paid Claims Cost Per Student First Prior Year	n/a	\$ 956.75
	Completion Factor		0.9789
	Weighting Factor		50%
	Annual Trend		10.0%
(b)	Weighted and Trended Incurred Claims		\$ 540.00
	Paid Claims Cost Per Student Second Prior Year	n/a	\$ 879.99
	Completion Factor		0.9994
	Weighting Factor		25%
	Annual Trend		10.0%
(c)	Weighted and Trended Incurred Claims		\$ 267.57
	Paid Claims Cost Per Student Third Prior Year	n/a	\$ 811.54
	Completion Factor		1.0000
	Weighting Factor		5%
	Annual Trend		9.5%
(d)	Weighted and Trended Incurred Claims		\$ 54.25
(1)	Starting Annual Claims Cost Per Student (a) + (b) + (c) + (d)	\$ 1,331.53	\$ 1,066.60
(2)	Benefit Adjustment	x 0.9895	x 1.0000
(3)	Benefit Adjusted Starting Annual Claims Cost	\$ 1,317.55	\$ 1,066.60
(4)	Additional Benefits (Riders)	+ 42.85	+ -
(5)	Adjusted Starting Claim Cost PSPY	\$ 1,360.40	\$ 1,066.60
(6)	Network Factor Adjustment	x 1.0000	x 1.0000
(7)	Composite Area Adj.	x 0.9580	x n/a
(8)	Composite Age/Gender Adj.	x 1.0000	x 1.0000
(9)	Program Enrollment Type Adj.	x 1.0000	x 1.0000
(10)	Benefit-specific net claim cost PSPY	\$ 1,303.26	\$ 1,066.60
(11)	Trend to the rate year	x 1.0950	x 1.0950
(12)	Trended Claims Cost PSPY	\$ 1,427.07	\$ 1,167.93
(13)	Dental and Vision Benefits	+ 46.82	+ 46.82
(14)	Credibility	x 50%	x 50%
(15)	Combined Claims Cost	\$ 1,344.32	
(16)	Underwriting Adjustment	x 1.000	
(17)	Projected Rating Period Claims Cost PSPY	\$ 1,344.32	
(18)	Target Loss Ratio	/ 0.767	
(19)	Needed Premium PSPY	<u>\$ 1,752.70</u>	

Underwriter Notes:

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Policy Year Maximum Benefit		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
\$500,000	1.000000	1.027627
\$750,000	1.005654	1.027778
\$1,000,000	1.009727	1.027902
\$1,250,000	1.012500	1.027938
\$2,000,000	1.016488	1.027974
Unlimited	1.028108	1.028108

Treatment of an Injury resulting from being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.		
Limit	Rating Factor (Per Year)	Rating Factor (Per Accident)
Up to Policy Max	1.000000	1.000000
\$75,000	0.999989	0.999999
\$10,000	0.975350	0.975359

Office Visit Copayment										
Limit	1st visit	after 1st visit	1st-2nd visit	after 2nd visit	1st-3rd visit	after 3rd visit	1st-4th visit	after 4th visit	1st-5th visit	after 5th visit
\$0	1.000899	1.004892	1.001532	1.004254	1.002020	1.003764	1.002407	1.003377	1.002728	1.003055
\$5	1.000031	1.000130	1.000049	1.000112	1.000066	1.000095	1.000077	1.000083	1.000087	1.000073
\$10	1.000029	1.000124	1.000045	1.000108	1.000062	1.000091	1.000072	1.000080	1.000082	1.000071
\$25	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
\$50	0.999764	0.998811	0.999505	0.999072	0.999342	0.999235	0.999218	0.999359	0.999117	0.999460
\$100	0.998082	0.989112	0.996501	0.990703	0.995300	0.991909	0.994309	0.992903	0.993516	0.993697
\$250	0.988112	0.920372	0.979606	0.928945	0.972802	0.935785	0.967133	0.941474	0.962219	0.946397
\$500	0.955856	0.793168	0.926206	0.823002	0.904148	0.845148	0.887244	0.862091	0.873576	0.875771

Deductible		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
\$0	1.028340	1.028340
\$25	1.021455	1.017496
\$50	1.013665	1.005759
\$100	1.000000	0.985296
\$150	0.987245	0.966796
\$200	0.975470	0.949295
\$300	0.952910	0.915864
\$500	0.912635	0.862209
\$750	0.868585	0.802749
\$1,000	0.831165	0.765093
\$1,500	0.768025	0.706972
\$10,000	0.499700	0.459977

Out of Pocket Maximum					
Limit (In-Network/Out-of-Network)	100% / 80%	90% / 70%	80% / 60%	60%/40%	50%/40%
\$500 / \$1,000	1.133784	1.079597	1.053907		
\$1,000 / \$2,000	1.128750	1.058273	1.015318		
\$2,500 / \$5,000	1.124283	1.033160	0.966496	0.868162	0.845079
\$5,000 / \$10,000	1.122041	1.017737	0.936726	0.802587	0.769877
\$10,000 / \$20,000	1.120823	1.010194	0.910681	0.745192	0.690918
\$30,000 / \$60,000	1.118386	1.002245	0.891149	0.679814	0.604834
No Coinsurance Limit	1.117260	1.000000	0.882739	0.648218	0.558630

Out of Pocket Maximum					
Limit (In-Network/Out-of-Network)	100% / 80%	90% / 70%	80% / 60%	60%/40%	50%/40%
\$500 / \$1,500	0.926556	0.880629	0.856668		
\$1,000 / \$3,000	0.923245	0.863964	0.826858		
\$2,500 / \$7,500	0.920225	0.844528	0.789240	0.704910	0.685992
\$5,000 / \$15,000	0.918899	0.832937	0.765359	0.653391	0.626584
\$10,000 / \$30,000	0.918115	0.827061	0.745040	0.608451	0.563972
\$30,000 / \$90,000	0.915874	0.820995	0.728300	0.555157	0.493709
No Coinsurance Limit	0.915626	0.819528	0.723430	0.531233	0.457813

Pre-Notification Penalty	
Deductible	Rating Factor (Per Admission)
Not Covered	1.000000
\$50	0.999900
\$750	0.999719

Payment Reduction		
Pre-certification Penalty - % of Network Benefit Level	\$500	\$1,000
100%	0.999500	0.999200
90%	0.999400	0.998800
80%	0.999400	0.998800
70%	0.999300	0.998600
60%	0.999200	0.998400
50%	0.999100	0.998200

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Student Health Insurance Rate Manual
Part B - Rating Factors

Pre-Certification Penalty	
Deductible	Rating Factor (Per Admission)
Not Covered	1.000000
\$50	0.999900
\$750	0.999719

Outpatient Services	
Limit	Rating Factor (Per Visit)
Unlimited	1.000000
\$1,000	0.999999
\$10	0.999941

Outpatient Services		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000000	1.000000
30	0.999999	0.999999
1	0.998998	0.999997

Outpatient Consulting Physician / Specialist		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000000	1.000000
30	0.999999	0.999999
1	0.997182	0.998886

Outpatient Consulting Physician / Specialist	
Limit	Rating Factor (Per Visit)
Unlimited	1.000000
\$1,000	0.999999
\$10	0.999790

Outpatient Consulting Physician / Specialist (with Physical Therapy)		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000000	1.000000
30	0.999999	0.999999
1	0.997159	0.998863

Outpatient Consulting Physician / Specialist (with Physical Therapy)	
Limit	Rating Factor (Per Visit)
Unlimited	1.000000
\$1,000	0.999999
\$10	0.999788

Annual Physical	
# Visit Limit	Rating Factor (All Ages Per Year)
Unlimited	1.006440
1	1.000000

Inpatient Misc Hospital Services		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002011	1.002011
100	1.002005	1.002005
50	1.001487	1.001487
30	1.000000	1.000000
10	0.993776	0.993776
1	0.957404	0.957404

Inpatient R&B/ICU		
Deductible	Rating Factor (Per Year)	Rating Factor (Per Condition)
Use overall deductible	1.000000	1.000000
\$500	0.987499	0.987499
\$750	0.986224	0.986224
\$1,000	0.984970	0.984970
\$2,000	0.980293	0.980293

Inpatient R&B/ICU	
Copayment	Rating Factor (Per Admission)
\$0	1.000000
\$25	0.999705
\$50	0.999557
\$100	0.999389
\$500	0.996964

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Inpatient R&B		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.005879	1.005879
100	1.005878	1.005878
50	1.005683	1.005683
30	1.000000	1.000000
10	0.982443	0.982443
1	0.942810	0.942810

ICU		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002773	1.002773
100	1.002772	1.002772
50	1.002761	1.002761
30	1.000000	1.000000
10	0.999053	0.999053
1	0.994387	0.994387

Inpatient Physician Visits		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000414	1.000414
30	1.000000	1.000000
20	0.999763	0.999763
10	0.999092	0.999092
5	0.998658	0.998658

Skilled Nursing and Sub-Acute Care Facilities		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000569	1.000569
120	1.000379	1.000379
100	1.000284	1.000284
60	1.000190	1.000190
50	1.000095	1.000095
30	1.000000	1.000000

Inpatient Rehabilitation Facility		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000569	1.000569
100	1.000469	1.000469
60	1.000190	1.000190
50	1.000095	1.000095
30	1.000000	1.000000

Inpatient Rehabilitation Facility	
Copayment	Rating Factor (Per Admission)
\$0	1.000000
\$100	0.999990
\$2,000	0.999941

Secondary Surgeon	
% of R&C	Rating Factor
50%	0.997700

Assistant Surgeon	
% of Surgeon's Payment	Rating Factor
20%	1.000000
25%	1.000500
75%	1.002556
Unlimited	1.003578

Anesthetist Services	
% of Surgeon's Payment	Rating Factor
20%	0.999500
25%	1.000000
75%	1.002144
Unlimited	1.003209

Mental Conditions - Inpatient		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000541	1.000541
120	1.000540	1.000540
30	1.000000	1.000500
10	0.995124	0.995407

Mental Conditions - Outpatient		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000318	1.000318
60	1.000317	1.000317
30	1.000000	1.000130
10	0.998921	0.999321

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Part B - Rating Factors

Mental Conditions - Outpatient		
Partial, residential or day treatment		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001805	1.001805
120	1.001804	1.001804
30	1.000000	1.000500
20	0.999715	1.000000
10	0.999431	0.999715

Substance Abuse & Alcoholism	
Both Covered	1.000000
Alcoholism Only	0.997822

Alcoholism/Drug Abuse - Inpatient		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000189	1.000189
120	1.000182	1.000188
100	1.000180	1.000183
90	1.000178	1.000182
60	1.000177	1.000181
30	1.000000	1.000085
10	0.999831	0.999926
3	0.999243	0.999338

Alcoholism/Drug Abuse - Outpatient		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001669	1.001669
60	1.001265	1.001465
50	1.000523	1.000808
40	1.000328	1.000612
30	1.000000	1.000284
20	0.999795	1.000080
10	0.999230	0.999514
3	0.998954	0.999238

Urgent Care	
Copayment	Rating Factor (Per Visit)
\$0	1.008294
\$50	1.000000
\$75	0.995779
\$100	0.992683
\$500	0.965868

Emergency Services	
Copayment	Rating Factor (Per Visit)
\$0	1.024320
\$100	1.000000
\$150	0.995521
\$225	0.989266
\$300	0.986170
\$1,000	0.962593

Emergency Medical Transportation Services (Ambulance)	
# Trips Limit	Rating Factor (Per Year)
Unlimited	1.000000
1	0.998332
5	0.995476

Allergy Services		
Test Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000956	1.000956
3	1.000623	1.000623
2	1.000235	1.000235
1	1.000000	1.000000

Habilitative Care		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000256	1.000256
50	1.000004	1.000004
40	1.000002	1.000002
30	1.000000	1.000000
25	0.999999	0.999999
20	0.999997	0.999997
15	0.999995	0.999995
10	0.999994	0.999994
5	0.999992	0.999992

Rehabilitative Care		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.007283	1.007283
50	1.002175	1.003314
40	1.001411	1.002549
30	1.000000	1.001137
25	0.999161	1.000108
20	0.998412	0.999550
15	0.997911	0.998957
10	0.997227	0.998179
5	0.996586	0.997728

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Part B - Rating Factors

Physical Therapy - Outpatient		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.007260	1.007260
50	1.002568	1.003708
40	1.001449	1.002587
30	1.000000	1.001137
25	0.999124	1.000072
20	0.998085	0.999223
15	0.996957	0.998002
10	0.995895	0.996845
5	0.994929	0.996069

Speech Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000039	1.000039
50	1.000031	1.000032
40	1.000010	1.000036
30	1.000000	1.000025
20	0.999979	1.000005
15	0.999972	0.999978
10	0.999954	0.999959
5	0.999918	0.999923

Occupational Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000009	1.000009
50	1.000002	1.000003
40	1.000001	1.000002
30	1.000000	1.000001
20	0.999999	1.000000
15	0.999998	0.999999
10	0.999997	0.999998
5	0.999997	0.999998

Cardiac/Pulmonary Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000009	1.000002
50	1.000008	1.000001
30	1.000000	1.000000
20	0.999999	1.000000
10	0.999998	0.999999
5	0.999997	0.999998

Respiratory Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000011	1.000011
50	1.000003	1.000009
30	1.000000	1.000008
20	0.999978	0.999988
10	0.999864	0.999874
5	0.999680	0.999690

Chiropractic		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001038	1.001038
50	1.000673	1.000973
40	1.000536	1.000836
30	1.000345	1.000645
25	1.000226	1.000526
20	1.000000	1.000100
15	0.999859	0.999959
10	0.999615	0.999713
5	0.999322	0.999420

Podiatry		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000017	1.000017
30	1.000009	1.000014
20	1.000002	1.000012
10	1.000000	1.000010
5	0.999991	0.999996

Home Health Care Services		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000990	1.000990
100	1.000975	1.000980
30	1.000000	1.000800
5	0.997115	0.998947

DME		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000647	1.000647
\$5,000	1.000000	1.000285
\$50	0.997566	0.997851

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Dental	
Benefit	Annual Claim cost
Dental For Persons Under 19	\$35.74
Preventive Dental for Persons 19 and Over (1 exam)	\$22.80

Vision	
Benefit	Annual Claim cost
Vision For Persons Under 19	\$11.07
Vision Exam for Persons 19 and Over (1 exam)	\$7.79
Vision Exam for Persons 19 and Over (1 exam and glasses/contacts)	\$56.63

STD Testing	
Test Limit	Rating Factor (Per Year)
Unlimited	1.000908
5	1.000797
1	1.000000

Prescription Drug Copays									
Retail Only				Retail and Mail Order					
3 Tier		2 Tier		3 Tier			2 Tier		
Retail Copayment	Rating Factor	Retail Copayment	Rating Factor	Retail Copayment	Mail Order Copayment	Rating Factor	Retail Copayment	Mail Order Copayment	Rating Factor
100/200/300	0.847755	100/200	0.850273	25/45/75	50/60/75	0.930845	20/50	35/65	0.944216
50/100/150	0.881659	50/100	0.885870	20/40/60	20/45/75	0.946083	20/40	35/50	0.953766
25/45/75	0.936054	20/50	0.956849	10/45/60	20/50/75	0.954808	15/25	20/40	0.979119
20/40/60	0.948470	20/40	0.970219	15/35/50	20/35/50	0.967528	10/30	20/50	0.980638
10/45/60	0.959931	15/25	0.981724	15/30/45	20/35/60	0.972043	5/25	10/30	1.002865
15/35/50	0.963621	10/30	0.984719	10/30/45	15/30/45	0.982983	0/25	5/30	1.017365
15/30/45	0.970654	10/20	1.000000	10/25/35	15/30/60	0.988322			
10/30/45	0.980769	5/20	1.012980	5/25/25	10/35/45	1.001389			
10/25/35	0.989668	5/15	1.022401	0/25/35	10/30/50	1.012546			
10/20/20	1.000000	5/10	1.032472	0/25/25	10/40/60	1.012286			
0/5/20	1.056435	0/10	1.051486	10/20/20	15/35/45	0.994834			
0/5/10	1.060299	0/0	1.073236	5/25/35	10/30/45	1.000478			
0/0/10	1.069285			5/10/10	10/20/20	1.023703			
0/0/5	1.071282								
10/25/50%	0.999957								
10/35/50%	0.959801								
20/50/50%	0.931800								
10/25/35/35	0.968826								
10/25/35/45	0.968305								

Adult Immunizations (Non preventive)		
Limit	Rating Factor (Per Year)	Rating Factor (Per Exam)
Unlimited	1.000000	1.000000
\$500	0.999760	0.999994
\$50	0.999584	0.999973
Not Covered	0.999529	0.999966

Private Duty Nursing Care		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001949	1.001949
\$15,000	1.001454	1.000937
\$50	1.000020	1.000010
Not Covered	1.000000	1.000000

Private Duty Nursing Care		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001949	1.001949
30	1.001454	1.000937
5	1.000010	1.000010
Not Covered	1.000000	1.000000

Treatment of Obesity Surgery	
Limit	Rating Factor (Per Year)
Unlimited	1.011486
\$75,000	1.009189
\$25,000	1.003829
Not Covered	1.000000

Gender Reassignment Surgery	
Limit	Rating Factor (Per Year)
\$25,000	1.001513
\$10,000	1.000605
Not Covered	1.000000

Voluntary Sterilization (Men Only)	
Limit	Rating Factor (Per Year)
Unlimited	1.000023
\$1,000	1.000023
\$100	1.000003
Not Covered	1.000000

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Elective Termination of Pregnancy		
Limit	Rating Factor (Per Year)	Rating Factor (Per Procedure)
Unlimited	1.003692	1.003692
\$1,000	1.002830	1.003232
\$100	1.000795	1.001040
Not Covered	1.000000	1.000000

Treatment of Acne	
Limit	Rating Factor (Per Year)
Unlimited	1.001057
\$2,000	1.001029
\$50	1.000125
Not Covered	1.000000

Treatment of Non-Cystic Acne	
Limit	Rating Factor (Per Year)
Unlimited	1.000909
\$2,000	1.000874
\$50	1.000107
Not Covered	1.000000

Acupuncture	
\$ Visit Limit	Rating Factor
Unlimited	1.002012
\$100	1.000081
\$20	1.000017
Not Covered	1.000000

Acupuncture		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002012	1.002012
\$2,000	1.000518	1.000879
\$25	1.000026	1.000336
Not Covered	1.000000	1.000000

Acupuncture		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002012	1.002012
30	1.000329	1.001184
5	1.000019	1.000874
Not Covered	1.000000	1.000000

Bereavement Services	
Days following the Covered Person's date of death	
Limit	Rating Factor
Unlimited	1.000411
90	1.000261
60	1.000011
Not Covered	1.000000

TMJ		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000128	1.000128
\$5,000	1.000124	1.000127
\$250	1.000047	1.000091
Not Covered	1.000000	1.000000

Dental treatment due to Injury to a Sound Natural Tooth		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001991	1.001991
\$2,000	1.001980	1.001980
\$100	1.001917	1.001917
Not Covered	1.000000	1.000000

Dental treatment due to Injury to a Sound Natural Tooth	
Limit	Rating Factor (Per Tooth)
Unlimited	1.001991
\$300	1.001972
\$100	1.001917
Not Covered	1.000000

Treatment for an impacted infected wisdom tooth		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002091	1.002091
\$2,000	1.001759	1.001759
\$100	1.000131	1.000131
Not Covered	1.000000	1.000000

Treatment for an impacted infected wisdom tooth	
Limit	Rating Factor (Per Tooth)
Unlimited	1.002091
\$500	1.002079
\$25	1.000690
Not Covered	1.000000

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Infertility Services	
Limit	Annual Claim Cost
Not Covered	\$0.00
\$500	\$8.49
\$5,000	\$33.94

Infertility Services Prescription Drugs	
Limit	Rating Factor (Per Year)
Not Covered	\$0.00
\$500	\$0.36
\$1,000	\$0.71
\$2,500	\$1.78
\$5,000	\$3.56

Telemedicine	
Limit	Rating Factor (Per Visit)
Unlimited	1.000063
\$1,000	1.000058
\$10	1.000055
Not Covered	1.000000

Telemedicine	
# Visit Limit	Rating Factor (Per Year)
Unlimited	1.000063
30	1.000012
1	1.000006
Not Covered	1.000000

AD&D	
Benefit	Annual Claim Cost
Not Covered	\$0.00
\$5,000	\$1.20
\$10,000	\$2.40
\$15,000	\$3.60
\$20,000	\$4.80
\$25,000	\$6.00

Sports Accident Expense Benefit Rider Additional claim cost to include in SHIP plan			
Limit (Per Cause)	ICS, Intramural & Club PSPY	Intramural & Club Only PSPY	ICS Only PSPY
\$0	\$0.00	\$0.00	\$0.00
\$500	\$40.99	\$8.20	\$32.79
\$1,000	\$43.67	\$8.73	\$34.94
\$5,000	\$50.31	\$10.06	\$40.25
\$10,000	\$52.77	\$10.55	\$42.22
\$15,000	\$53.34	\$10.67	\$42.67
\$25,000	\$53.78	\$10.76	\$43.02
\$50,000	\$57.84	\$11.57	\$46.28
\$75,000	\$63.25	\$12.65	\$50.60
\$90,000	\$68.31	\$13.66	\$54.65

Sports Accident Expense Benefit Rider Claim Cost for Athlete outside of SHIP plan			
Limit (Per Cause)	ICS, Intramural & Club PSPY	Intramural & Club Only PSPY	ICS Only PSPY
\$0	\$0.00	\$0.00	\$0.00
\$1,000	\$476.96	\$72.86	\$404.10
\$5,000	\$583.93	\$79.03	\$504.90
\$10,000	\$677.29	\$79.29	\$598.00
\$15,000	\$817.13	\$79.53	\$737.60
\$25,000	\$917.97	\$84.57	\$833.40
\$50,000	\$972.49	\$85.19	\$887.30
\$75,000	\$1,025.81	\$85.81	\$940.00
\$90,000	\$1,058.13	\$86.15	\$971.98

Medical Evacuation and Repatriation	
Benefit:	Annual Claim Cost
Not Covered	\$0.00
\$500	\$0.12
\$1,000	\$0.25
\$7,500	\$1.86
\$10,000	\$2.48
\$500,000	\$12.39
\$2,000,000	\$12.42
Unlimited	\$12.44

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Completion Factors	
(Factors are updated periodically based on the entire block's loss development pattern)	
Months from Inception	Completion Factor
-8	0.0005
1	0.0144
2	0.0601
3	0.1170
4	0.1956
5	0.2665
6	0.3461
7	0.4385
8	0.5210
9	0.6258
10	0.7152
11	0.8094
12	0.8900
13	0.9347
14	0.9533
15	0.9642
16	0.9760
17	0.9835
18	0.9884
19	0.9919
20	0.9950
21	0.9969
22	0.9980
23	0.9990
24	0.9992
25	0.9994
26	0.9995
27	0.9997
28	0.9997
29	0.9998
30	0.9998
31	0.9999
32	1.0000
33	1.0000
34	1.0000
35	1.0000
36	1.0000
37	1.0000

(If sufficient claim payment data is available to determine the actual past completion history, then a completion factor based on that history may be used either solely, or in combination with the above factors depending on the credibility of the data).

Policy Year Weighting Factors				
# of months experience available	Third Prior Year	Second Prior Year	First Prior Year	Current Year
-8	0.10	0.30	0.60	0.00
1	0.10	0.30	0.60	0.00
2	0.10	0.30	0.60	0.00
3	0.10	0.30	0.60	0.00
4	0.10	0.25	0.55	0.10
5	0.05	0.25	0.50	0.20
6	0.05	0.20	0.45	0.30
7	0.05	0.20	0.40	0.35
8	0.05	0.15	0.35	0.45
9	0.00	0.15	0.30	0.55
10	0.00	0.10	0.25	0.65
11	0.00	0.05	0.20	0.75
12	0.00	0.05	0.15	0.80

Nationwide Life Insurance Company

Student Health Insurance Rate Manual

Part C - Underwriting

General underwriting rules will follow standard group rating practices in order to provide a rate proposal to an academic institution. Information that may be used includes:

- (a) The benefits the school wishes to offer to its students and eligible dependents,
- (b) The claim experience for at least the last school year, but preferably for the last 3 years
- (c) The enrollment for the same periods, preferably by enrollment classification and including the demographics of the student population,
- (d) Any benefit or eligibility changes over the period covered by the claim experience, and
- (e) Any other information that may have an impact on the conditions of offering.

If there are issues identified under (e) above that are, in the underwriter's judgment, likely to alter the underwriting risk, adjustments may be made to the rates otherwise determined. Among those that the underwriter may consider are:

- 1. Evidence of favorable or unfavorable persistency with current or prior carriers;
- 2. A significant change in the demographics of the school;
- 3. Existence of other Nationwide Life Insurance coverage;
- 4. Significantly favorable or unfavorable claim patterns;
- 5. An inforce rate that is significantly different than the calculated rate;
- 6. Evidence that the Student Health Center, serving as a "gatekeeper," can serve to reduce expected claims further than the assumption contained in the manual rates (and supported by the existing rating factors),
- 7. If there is to be a significant change in either the benefits to be offered or the premium cost to the students, or
- 8. If the conditions of student eligibility were to change,

The maximum adjustment for each individual factor will not exceed +/-3% with an aggregate adjustment due to all factors within +/-15%.

Other Considerations

There is no occupational classification process used in rating or underwriting this business.

There are no additional premiums assessed for impaired risks, either on a specified impairment or class basis.

Nationwide Life Insurance Company

Actuarial Rate Submission

For

**BLANKET STUDENT
ACCIDENT & SICKNESS POLICY**

**BSAS AO L20 000 1112
PRIVATE SECONDARY SCHOOLS**

Effective January 1, 2013

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
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Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part A - Starting Claim Costs and Rating Formula

	School Year 2011-2012
Total Student Charges	49,935,395
Completion Factor	0.9642
Estimated Incurred Charges	51,789,458
Student Enrollment	22,418
Annual Charge per Student	2,310.17
Normalizing Adjustments:	
1. Geographic Area	1.0000
2. Demographic Adjustments	1.0000
3. Cost Sharing / Plan Design	0.6957
4. Network Adjustment	0.7626
Adjusted Costs:	
PSPY	1,225.62
Annual Trend Factor	10.0%
Cumulative Trend to SY 2012-13	1.10
2012-13 equivalent PSPY	1,348.18
<i>For the SHIP Plan:</i>	1,348.18

Where applicable, we request exemption from public disclosure.

Nationwide Life Insurance Company

Student Health Insurance Rate Manual

Part A - Starting Claim Costs and Rating Formula - No Prior Experience

Rating Formula

		Manual Rating Component
(1)	Starting Annual Claims Cost Per Student (Effective Date = 8/1/12)	\$ 1,348.18
(2)	Benefit Adjustment	x 0.9895
(3)	Benefit Adjusted Starting Annual Claims Cost	\$ 1,334.02
(4)	Additional Benefits (Riders)	+ 42.85
(5)	Adjusted Starting Claim Cost PSY	\$ 1,376.87
(6)	Network Factor Adjustment	x 1.0000
(7)	Composite Area Adj.	x 0.9580
(8)	Composite Age/Gender Adj.	x 1.0000
(9)	Program Enrollment Type Adj.	x 1.0000
(10)	Benefit-specific net claim cost PSY	\$ 1,319.04
(11)	Trend to the rate year	x 1.0950
(12)	Trended Claims Cost PSY	\$ 1,444.34
(13)	Dental and Vision Benefits	+ 46.82
(14)	Credibility	x 100%
(15)	Combined Claims Cost	\$ 1,491.16
(16)	Underwriting Adjustment	x 1.0000
(17)	Projected Rating Period Claims Cost PSY	\$ 1,491.16
(18)	Target Loss Ratio	/ 0.817
(19)	Needed Premium PSY	<u>\$ 1,825.17</u>
	Student	\$ 1,825.17

Underwriter Notes:

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part A - Starting Claim Costs and Rating Formula - Prior Experience

Rating Formula

		Manual Rating Component	Experience Rating Component
	Paid Claims Cost Per Student Current Year	n/a	\$ 168.33
	Completion Factor		0.1644
	Weighting Factor		20%
	Annual Trend		10.5%
(a)	Weighted and Trended Incurred Claims		\$ 204.78
	Paid Claims Cost Per Student First Prior Year	n/a	\$ 956.75
	Completion Factor		0.9789
	Weighting Factor		50%
	Annual Trend		10.0%
(b)	Weighted and Trended Incurred Claims		\$ 540.00
	Paid Claims Cost Per Student Second Prior Year	n/a	\$ 879.99
	Completion Factor		0.9994
	Weighting Factor		25%
	Annual Trend		10.0%
(c)	Weighted and Trended Incurred Claims		\$ 267.57
	Paid Claims Cost Per Student Third Prior Year	n/a	\$ 811.54
	Completion Factor		1.0000
	Weighting Factor		5%
	Annual Trend		9.5%
(d)	Weighted and Trended Incurred Claims		\$ 54.25
(1)	Starting Annual Claims Cost Per Student (a) + (b) + (c) + (d)	\$ 1,348.18	\$ 1,066.60
(2)	Benefit Adjustment	x 0.9895	x 1.0000
(3)	Benefit Adjusted Starting Annual Claims Cost	\$ 1,334.02	\$ 1,066.60
(4)	Additional Benefits (Riders)	+ 42.85	+ -
(5)	Adjusted Starting Claim Cost PSPY	\$ 1,376.87	\$ 1,066.60
(6)	Network Factor Adjustment	x 1.0000	x 1.0000
(7)	Composite Area Adj.	x 0.9580	x n/a
(8)	Composite Age/Gender Adj.	x 1.0000	x 1.0000
(9)	Program Enrollment Type Adj.	x 1.0000	x 1.0000
(10)	Benefit-specific net claim cost PSPY	\$ 1,319.04	\$ 1,066.60
(11)	Trend to the rate year	x 1.0950	x 1.0950
(12)	Trended Claims Cost PSPY	\$ 1,444.34	\$ 1,167.93
(13)	Dental and Vision Benefits	+ 46.82	46.82
(14)	Credibility	x 50%	x 50%
(15)	Combined Claims Cost	\$ 1,352.96	
(16)	Underwriting Adjustment	x 1.000	
(17)	Projected Rating Period Claims Cost PSPY	\$ 1,352.96	
(18)	Target Loss Ratio	/ 0.817	
(19)	Needed Premium PSPY	<u>\$ 1,656.01</u>	

Underwriter Notes:

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Policy Year Maximum Benefit		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
\$1,250,000	1.000000	1.018000
\$2,000,000	1.003939	1.015283
Unlimited	1.015415	1.015415

Treatment of an Injury resulting from being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.		
Limit	Rating Factor (Per Year)	Rating Factor (Per Accident)
Up to Policy Max	1.000000	1.000000
\$75,000	0.999989	0.999999
\$10,000	0.975350	0.975359

Office Visit Copayment										
Limit	1st visit	after 1st visit	1st-2nd visit	after 2nd visit	1st-3rd visit	after 3rd visit	1st-4th visit	after 4th visit	1st-5th visit	after 5th visit
\$0	1.000899	1.004892	1.001532	1.004254	1.002020	1.003764	1.002407	1.003377	1.002728	1.003055
\$5	1.000031	1.000130	1.000049	1.000112	1.000066	1.000095	1.000077	1.000083	1.000087	1.000073
\$10	1.000029	1.000124	1.000045	1.000108	1.000062	1.000091	1.000072	1.000080	1.000082	1.000071
\$25	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
\$50	0.999764	0.998811	0.999505	0.999072	0.999342	0.999235	0.999218	0.999359	0.999117	0.999460
\$100	0.998082	0.989112	0.996501	0.990703	0.995300	0.991909	0.994309	0.992903	0.993516	0.993697
\$250	0.988112	0.920372	0.979606	0.928945	0.972802	0.935785	0.967133	0.941474	0.962219	0.946397
\$500	0.955856	0.793168	0.926206	0.823002	0.904148	0.845148	0.887244	0.862091	0.873576	0.875771

Deductible		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
\$0	1.028340	1.028340
\$25	1.021455	1.017496
\$50	1.013665	1.005759
\$100	1.000000	0.985296
\$150	0.987245	0.966796
\$200	0.975470	0.949295
\$300	0.952910	0.915864
\$500	0.912635	0.862209
\$750	0.868585	0.802749
\$1,000	0.831165	0.765093
\$1,500	0.768025	0.706972
\$10,000	0.499700	0.459977

Out of Pocket Maximum					
Limit (In-Network/Out-of-Network)	100% / 80%	90% / 70%	80% / 60%	60%/40%	50%/40%
\$500 / \$1,000	1.133784	1.079597	1.053907		
\$1,000 / \$2,000	1.128750	1.058273	1.015318		
\$2,500 / \$5,000	1.124283	1.033160	0.966496	0.868162	0.845079
\$5,000 / \$10,000	1.122041	1.017737	0.936726	0.802587	0.769877
\$10,000 / \$20,000	1.120823	1.010194	0.910681	0.745192	0.690918
\$30,000 / \$60,000	1.118386	1.002245	0.891149	0.679814	0.604834
No Coinsurance Limit	1.117260	1.000000	0.882739	0.648218	0.558630

Out of Pocket Maximum					
Limit (In-Network/Out-of-Network)	100% / 80%	90% / 70%	80% / 60%	60%/40%	50%/40%
\$500 / \$1,500	0.926556	0.880629	0.856668		
\$1,000 / \$3,000	0.923245	0.863964	0.826858		
\$2,500 / \$7,500	0.920225	0.844528	0.789240	0.704910	0.685992
\$5,000 / \$15,000	0.918899	0.832937	0.765359	0.653391	0.626584
\$10,000 / \$30,000	0.918115	0.827061	0.745040	0.608451	0.563972
\$30,000 / \$90,000	0.915874	0.820995	0.728300	0.555157	0.493709
No Coinsurance Limit	0.915626	0.819528	0.723430	0.531233	0.457813

Pre-Notification Penalty	
Deductible	Rating Factor (Per Admission)
Not Covered	1.000000
\$50	0.999900
\$750	0.999719

Payment Reduction		
Pre-certification Penalty - % of Network Benefit Level	\$500	\$1,000
100%	0.999500	0.999200
90%	0.999400	0.998800
80%	0.999400	0.998800
70%	0.999300	0.998600
60%	0.999200	0.998400
50%	0.999100	0.998200

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Pre-Certification Penalty	
Deductible	Rating Factor (Per Admission)
Not Covered	1.000000
\$50	0.999900
\$750	0.999719

Outpatient Services	
Limit	Rating Factor (Per Visit)
Unlimited	1.000000
\$1,000	0.999999
\$10	0.999941

Outpatient Services		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000000	1.000000
30	0.999999	0.999999
1	0.998998	0.999997

Outpatient Consulting Physician / Specialist		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000000	1.000000
30	0.999999	0.999999
1	0.997182	0.998886

Outpatient Consulting Physician / Specialist	
Limit	Rating Factor (Per Visit)
Unlimited	1.000000
\$1,000	0.999999
\$10	0.999790

Outpatient Consulting Physician / Specialist (with Physical Therapy)		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000000	1.000000
30	0.999999	0.999999
1	0.997159	0.998863

Outpatient Consulting Physician / Specialist (with Physical Therapy)	
Limit	Rating Factor (Per Visit)
Unlimited	1.000000
\$1,000	0.999999
\$10	0.999788

Annual Physical	
# Visit Limit	Rating Factor (All Ages Per Year)
Unlimited	1.006440
1	1.000000

Inpatient Misc Hospital Services		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002011	1.002011
100	1.002005	1.002005
50	1.001487	1.001487
30	1.000000	1.000000
10	0.993776	0.993776
1	0.957404	0.957404

Inpatient R&B/ICU		
Deductible	Rating Factor (Per Year)	Rating Factor (Per Condition)
Use overall deductible	1.000000	1.000000
\$500	0.987499	0.987499
\$750	0.986224	0.986224
\$1,000	0.984970	0.984970
\$2,000	0.980293	0.980293

Inpatient R&B/ICU	
Copayment	Rating Factor (Per Admission)
\$0	1.000000
\$25	0.999705
\$50	0.999557
\$100	0.999389
\$500	0.996964

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Inpatient R&B		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.005879	1.005879
100	1.005878	1.005878
50	1.005683	1.005683
30	1.000000	1.000000
10	0.982443	0.982443
1	0.942810	0.942810

ICU		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002773	1.002773
100	1.002772	1.002772
50	1.002761	1.002761
30	1.000000	1.000000
10	0.999053	0.999053
1	0.994387	0.994387

Inpatient Physician Visits		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000414	1.000414
30	1.000000	1.000000
20	0.999763	0.999763
10	0.999092	0.999092
5	0.998658	0.998658

Skilled Nursing and Sub-Acute Care Facilities		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000569	1.000569
120	1.000379	1.000379
100	1.000284	1.000284
60	1.000190	1.000190
50	1.000095	1.000095
30	1.000000	1.000000

Inpatient Rehabilitation Facility		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000569	1.000569
100	1.000469	1.000469
60	1.000190	1.000190
50	1.000095	1.000095
30	1.000000	1.000000

Inpatient Rehabilitation Facility	
Copayment	Rating Factor (Per Admission)
\$0	1.000000
\$100	0.999990
\$2,000	0.999941

Secondary Surgeon	
% of R&C	Rating Factor
50%	0.997700

Assistant Surgeon	
% of Surgeon's Payment	Rating Factor
20%	1.000000
25%	1.000500
75%	1.002556
Unlimited	1.003578

Anesthetist Services	
% of Surgeon's Payment	Rating Factor
20%	0.999500
25%	1.000000
75%	1.002144
Unlimited	1.003209

Mental Conditions - Inpatient		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000541	1.000541
120	1.000540	1.000540
30	1.000000	1.000500
10	0.995124	0.995407

Mental Conditions - Outpatient		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000318	1.000318
60	1.000317	1.000317
30	1.000000	1.000130
10	0.998921	0.999321

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Mental Conditions - Outpatient		
Partial, residential or day treatment		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001805	1.001805
120	1.001804	1.001804
30	1.000000	1.000500
20	0.999715	1.000000
10	0.999431	0.999715

Substance Abuse & Alcoholism	
Both Covered	1.000000
Alcoholism Only	0.997822

Alcoholism/Drug Abuse - Inpatient		
# Days Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000189	1.000189
120	1.000182	1.000188
100	1.000180	1.000183
90	1.000178	1.000182
60	1.000177	1.000181
30	1.000000	1.000085
10	0.999831	0.999926
3	0.999243	0.999338

Alcoholism/Drug Abuse - Outpatient		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001669	1.001669
60	1.001265	1.001465
50	1.000523	1.000808
40	1.000328	1.000612
30	1.000000	1.000284
20	0.999795	1.000080
10	0.999230	0.999514
3	0.998954	0.999238

Urgent Care	
Copayment	Rating Factor (Per Visit)
\$0	1.008294
\$50	1.000000
\$75	0.995779
\$100	0.992683
\$500	0.965868

Emergency Services	
Copayment	Rating Factor (Per Visit)
\$0	1.024320
\$100	1.000000
\$150	0.995521
\$225	0.989266
\$300	0.986170
\$1,000	0.962593

Emergency Medical Transportation Services (Ambulance)	
# Trips Limit	Rating Factor (Per Year)
Unlimited	1.000000
1	0.998332
5	0.995476

Allergy Services		
Test Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000956	1.000956
3	1.000623	1.000623
2	1.000235	1.000235
1	1.000000	1.000000

Habilitative Care		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000256	1.000256
50	1.000004	1.000004
40	1.000002	1.000002
30	1.000000	1.000000
25	0.999999	0.999999
20	0.999997	0.999997
15	0.999995	0.999995
10	0.999994	0.999994
5	0.999992	0.999992

Rehabilitative Care		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.007283	1.007283
50	1.002175	1.003314
40	1.001411	1.002549
30	1.000000	1.001137
25	0.999161	1.000108
20	0.998412	0.999550
15	0.997911	0.998957
10	0.997227	0.998179
5	0.996586	0.997728

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Physical Therapy - Outpatient		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.007260	1.007260
50	1.002568	1.003708
40	1.001449	1.002587
30	1.000000	1.001137
25	0.999124	1.000072
20	0.998085	0.999223
15	0.996957	0.998002
10	0.995895	0.996845
5	0.994929	0.996069

Speech Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000039	1.000039
50	1.000031	1.000032
40	1.000010	1.000036
30	1.000000	1.000025
20	0.999979	1.000005
15	0.999972	0.999978
10	0.999954	0.999959
5	0.999918	0.999923

Occupational Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000009	1.000009
50	1.000002	1.000003
40	1.000001	1.000002
30	1.000000	1.000001
20	0.999999	1.000000
15	0.999998	0.999999
10	0.999997	0.999998
5	0.999997	0.999998

Cardiac/Pulmonary Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000009	1.000002
50	1.000008	1.000001
30	1.000000	1.000000
20	0.999999	1.000000
10	0.999998	0.999999
5	0.999997	0.999998

Respiratory Therapy		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000011	1.000011
50	1.000003	1.000009
30	1.000000	1.000008
20	0.999978	0.999988
10	0.999864	0.999874
5	0.999680	0.999690

Chiropractic		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001038	1.001038
50	1.000673	1.000973
40	1.000536	1.000836
30	1.000345	1.000645
25	1.000226	1.000526
20	1.000000	1.000100
15	0.999859	0.999959
10	0.999615	0.999713
5	0.999322	0.999420

Podiatry		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000017	1.000017
30	1.000009	1.000014
20	1.000002	1.000012
10	1.000000	1.000010
5	0.999991	0.999996

Home Health Care Services		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000990	1.000990
100	1.000975	1.000980
30	1.000000	1.000800
5	0.997115	0.998947

DME		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000647	1.000647
\$5,000	1.000000	1.000285
\$50	0.997566	0.997851

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Dental	
Benefit	Annual Claim cost
Dental For Persons Under 19	\$35.74
Preventive Dental for Persons 19 and Over (1 exam)	\$22.80

Vision	
Benefit	Annual Claim cost
Vision For Persons Under 19	\$11.07
Vision Exam for Persons 19 and Over (1 exam)	\$7.79
Vision Exam for Persons 19 and Over (1 exam and glasses/contacts)	\$56.63

STD Testing	
Test Limit	Rating Factor (Per Year)
Unlimited	1.000908
5	1.000797
1	1.000000

Prescription Drug Copays									
Retail Only				Retail and Mail Order					
3 Tier		2 Tier		3 Tier			2 Tier		
Retail Copayment	Rating Factor	Retail Copayment	Rating Factor	Retail Copayment	Mail Order Copayment	Rating Factor	Retail Copayment	Mail Order Copayment	Rating Factor
100/200/300	0.847755	100/200	0.850273	25/45/75	50/60/75	0.930845	20/50	35/65	0.944216
50/100/150	0.881659	50/100	0.885870	20/40/60	20/45/75	0.946083	20/40	35/50	0.953766
25/45/75	0.936054	20/50	0.956849	10/45/60	20/50/75	0.954808	15/25	20/40	0.979119
20/40/60	0.948470	20/40	0.970219	15/35/50	20/35/50	0.967528	10/30	20/50	0.980638
10/45/60	0.959931	15/25	0.981724	15/30/45	20/35/60	0.972043	5/25	10/30	1.002865
15/35/50	0.963621	10/30	0.984719	10/30/45	15/30/45	0.982983	0/25	5/30	1.017365
15/30/45	0.970654	10/20	1.000000	10/25/35	15/30/60	0.988322			
10/30/45	0.980769	5/20	1.012980	5/25/25	10/35/45	1.001389			
10/25/35	0.989668	5/15	1.022401	0/25/35	10/30/50	1.012546			
10/20/20	1.000000	5/10	1.032472	0/25/25	10/40/60	1.012286			
0/5/20	1.056435	0/10	1.051486	10/20/20	15/35/45	0.994834			
0/5/10	1.060299	0/0	1.073236	5/25/35	10/30/45	1.000478			
0/0/10	1.069285			5/10/10	10/20/20	1.023703			
0/0/5	1.071282								
10/25/50%	0.999957								
10/35/50%	0.959801								
20/50/50%	0.931800								
10/25/35/35	0.968826								
10/25/35/45	0.968305								

Adult Immunizations (Non preventive)		
Limit	Rating Factor (Per Year)	Rating Factor (Per Exam)
Unlimited	1.000000	1.000000
\$500	0.999760	0.999994
\$50	0.999584	0.999973
Not Covered	0.999529	0.999966

Private Duty Nursing Care		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001949	1.001949
\$15,000	1.001454	1.000937
\$50	1.000020	1.000010
Not Covered	1.000000	1.000000

Private Duty Nursing Care		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001949	1.001949
30	1.001454	1.000937
5	1.000010	1.000010
Not Covered	1.000000	1.000000

Treatment of Obesity Surgery	
Limit	Rating Factor (Per Year)
Unlimited	1.011486
\$75,000	1.009189
\$25,000	1.003829
Not Covered	1.000000

Gender Reassignment Surgery	
Limit	Rating Factor (Per Year)
\$25,000	1.001513
\$10,000	1.000605
Not Covered	1.000000

Voluntary Sterilization (Men Only)	
Limit	Rating Factor (Per Year)
Unlimited	1.000023
\$1,000	1.000023
\$100	1.000003
Not Covered	1.000000

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Elective Termination of Pregnancy		
Limit	Rating Factor (Per Year)	Rating Factor (Per Procedure)
Unlimited	1.003692	1.003692
\$1,000	1.002830	1.003232
\$100	1.000795	1.001040
Not Covered	1.000000	1.000000

Treatment of Acne	
Limit	Rating Factor (Per Year)
Unlimited	1.001057
\$2,000	1.001029
\$50	1.000125
Not Covered	1.000000

Treatment of Non-Cystic Acne	
Limit	Rating Factor (Per Year)
Unlimited	1.000909
\$2,000	1.000874
\$50	1.000107
Not Covered	1.000000

Acupuncture	
\$ Visit Limit	Rating Factor
Unlimited	1.002012
\$100	1.000081
\$20	1.000017
Not Covered	1.000000

Acupuncture		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002012	1.002012
\$2,000	1.000518	1.000879
\$25	1.000026	1.000336
Not Covered	1.000000	1.000000

Acupuncture		
# Visit Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002012	1.002012
30	1.000329	1.001184
5	1.000019	1.000874
Not Covered	1.000000	1.000000

Bereavement Services	
Days following the Covered Person's date of death	
Limit	Rating Factor
Unlimited	1.000411
90	1.000261
60	1.000011
Not Covered	1.000000

TMJ		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.000128	1.000128
\$5,000	1.000124	1.000127
\$250	1.000047	1.000091
Not Covered	1.000000	1.000000

Dental treatment due to Injury to a Sound Natural Tooth		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.001991	1.001991
\$2,000	1.001980	1.001980
\$100	1.001917	1.001917
Not Covered	1.000000	1.000000

Dental treatment due to Injury to a Sound Natural Tooth	
Limit	Rating Factor (Per Tooth)
Unlimited	1.001991
\$300	1.001972
\$100	1.001917
Not Covered	1.000000

Treatment for an impacted infected wisdom tooth		
Limit	Rating Factor (Per Year)	Rating Factor (Per Condition)
Unlimited	1.002091	1.002091
\$2,000	1.001759	1.001759
\$100	1.000131	1.000131
Not Covered	1.000000	1.000000

Treatment for an impacted infected wisdom tooth	
Limit	Rating Factor (Per Tooth)
Unlimited	1.002091
\$500	1.002079
\$25	1.000690
Not Covered	1.000000

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Infertility Services	
Limit	Annual Claim Cost
Not Covered	\$0.00
\$500	\$8.49
\$5,000	\$33.94

Infertility Services Prescription Drugs	
Limit	Rating Factor (Per Year)
Not Covered	\$0.00
\$500	\$0.36
\$1,000	\$0.71
\$2,500	\$1.78
\$5,000	\$3.56

Telemedicine	
Limit	Rating Factor (Per Visit)
Unlimited	1.000063
\$1,000	1.000058
\$10	1.000055
Not Covered	1.000000

Telemedicine	
# Visit Limit	Rating Factor (Per Year)
Unlimited	1.000063
30	1.000012
1	1.000006
Not Covered	1.000000

AD&D	
Benefit	Annual Claim Cost
Not Covered	\$0.00
\$5,000	\$1.20
\$10,000	\$2.40
\$15,000	\$3.60
\$20,000	\$4.80
\$25,000	\$6.00

Sports Accident Expense Benefit Rider Additional claim cost to include in SHIP plan			
Limit (Per Cause)	ICS, Intramural & Club PSPY	Intramural & Club Only PSPY	ICS Only PSPY
\$0	\$0.00	\$0.00	\$0.00
\$500	\$40.99	\$8.20	\$32.79
\$1,000	\$43.67	\$8.73	\$34.94
\$5,000	\$50.31	\$10.06	\$40.25
\$10,000	\$52.77	\$10.55	\$42.22
\$15,000	\$53.34	\$10.67	\$42.67
\$25,000	\$53.78	\$10.76	\$43.02
\$50,000	\$57.84	\$11.57	\$46.28
\$75,000	\$63.25	\$12.65	\$50.60
\$90,000	\$68.31	\$13.66	\$54.65

Sports Accident Expense Benefit Rider Claim Cost for Athlete outside of SHIP plan			
Limit (Per Cause)	ICS, Intramural & Club PSPY	Intramural & Club Only PSPY	ICS Only PSPY
\$0	\$0.00	\$0.00	\$0.00
\$1,000	\$476.96	\$72.86	\$404.10
\$5,000	\$583.93	\$79.03	\$504.90
\$10,000	\$677.29	\$79.29	\$598.00
\$15,000	\$817.13	\$79.53	\$737.60
\$25,000	\$917.97	\$84.57	\$833.40
\$50,000	\$972.49	\$85.19	\$887.30
\$75,000	\$1,025.81	\$85.81	\$940.00
\$90,000	\$1,058.13	\$86.15	\$971.98

Medical Evacuation and Repatriation	
Benefit:	Annual Claim Cost
Not Covered	\$0.00
\$500	\$0.12
\$1,000	\$0.25
\$7,500	\$1.86
\$10,000	\$2.48
\$500,000	\$12.39
\$2,000,000	\$12.42
Unlimited	\$12.44

Nationwide Life Insurance Company
Student Health Insurance Rate Manual
Part B - Rating Factors

Completion Factors	
(Factors are updated periodically based on the entire block's loss development pattern)	
Months from Inception	Completion Factor
-8	0.0005
1	0.0144
2	0.0601
3	0.1170
4	0.1956
5	0.2665
6	0.3461
7	0.4385
8	0.5210
9	0.6258
10	0.7152
11	0.8094
12	0.8900
13	0.9347
14	0.9533
15	0.9642
16	0.9760
17	0.9835
18	0.9884
19	0.9919
20	0.9950
21	0.9969
22	0.9980
23	0.9990
24	0.9992
25	0.9994
26	0.9995
27	0.9997
28	0.9997
29	0.9998
30	0.9998
31	0.9999
32	1.0000
33	1.0000
34	1.0000
35	1.0000
36	1.0000
37	1.0000

(If sufficient claim payment data is available to determine the actual past completion history, then a completion factor based on that history may be used either solely, or in combination with the above factors depending on the credibility of the data).

Policy Year Weighting Factors				
# of months experience available	Third Prior Year	Second Prior Year	First Prior Year	Current Year
-8	0.10	0.30	0.60	0.00
1	0.10	0.30	0.60	0.00
2	0.10	0.30	0.60	0.00
3	0.10	0.30	0.60	0.00
4	0.10	0.25	0.55	0.10
5	0.05	0.25	0.50	0.20
6	0.05	0.20	0.45	0.30
7	0.05	0.20	0.40	0.35
8	0.05	0.15	0.35	0.45
9	0.00	0.15	0.30	0.55
10	0.00	0.10	0.25	0.65
11	0.00	0.05	0.20	0.75
12	0.00	0.05	0.15	0.80

Nationwide Life Insurance Company

Student Health Insurance Rate Manual

Part C - Underwriting

General underwriting rules will follow standard group rating practices in order to provide a rate proposal to an academic institution. Information that may be used includes:

- (a) The benefits the school wishes to offer to its students and eligible dependents,
- (b) The claim experience for at least the last school year, but preferably for the last 3 years
- (c) The enrollment for the same periods, preferably by enrollment classification and including the demographics of the student population,
- (d) Any benefit or eligibility changes over the period covered by the claim experience, and
- (e) Any other information that may have an impact on the conditions of offering.

If there are issues identified under (e) above that are, in the underwriter's judgment, likely to alter the underwriting risk, adjustments may be made to the rates otherwise determined. Among those that the underwriter may consider are:

- 1. Evidence of favorable or unfavorable persistency with current or prior carriers;
- 2. A significant change in the demographics of the school;
- 3. Existence of other Nationwide Life Insurance coverage;
- 4. Significantly favorable or unfavorable claim patterns;
- 5. An inforce rate that is significantly different than the calculated rate;
- 6. Evidence that the Student Health Center, serving as a "gatekeeper," can serve to reduce expected claims further than the assumption contained in the manual rates (and supported by the existing rating factors),
- 7. If there is to be a significant change in either the benefits to be offered or the premium cost to the students, or
- 8. If the conditions of student eligibility were to change,

The maximum adjustment for each individual factor will not exceed +/-3% with an aggregate adjustment due to all factors within +/-15%.

Other Considerations

There is no occupational classification process used in rating or underwriting this business.

There are no additional premiums assessed for impaired risks, either on a specified impairment or class basis.

State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.001 Student		
Product Name:	ACA Filing		
Project Name/Number:	BSAS DC L20 000 1112 - RATES/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	Cover Letter Rates.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A - Nationwide is filing on its own behalf.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	College BSAS AO L20 000 1112 Actuarial Memorandum.pdf Private Secondary Schools BSAS AO L20 000 1112 Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Please see the last page of the memorandums for the Actuarial Justification.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A - This is a Blanket Student Accident and Sickness product filing.
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.001 Student		
Product Name:	ACA Filing		
Project Name/Number:	BSAS DC L20 000 1112 - RATES/		

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A - This is a Blanket Student Accident and Sickness product filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A - This is an initial submission.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Rate Summary Worksheet
Bypass Reason:	N/A - This is a large group filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	SOV
Comments:	
Attachment(s):	Statement of Variability 11.28.12.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Summary of Benefits Coverage
Comments:	
Attachment(s):	SBCtemplate.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response Letters
Comments:	

State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.001 Student		
Product Name:	ACA Filing		
Project Name/Number:	BSAS DC L20 000 1112 - RATES/		

Attachment(s):	Response Letter 4.16.2013.pdf DC Response 04-2013.pdf
Item Status:	
Status Date:	



On Your Side®

February 11, 2013

District of Columbia
Department of Insurance, Securities & Banking
810 First Street, NE, Suite 701
Washington, DC 20002

Re: College Accident and Health Insurance Rates
Nationwide Life Insurance Company
NAIC Number: NL 66869
Blanket Student Accident and Sickness Policy, BSAS DC L20 000 1112
Blanket Student Accident and Sickness Schedule of Benefits, BSAS DC L26 000 1112
Blanket Student Accident and Sickness Application, BSAS AO L23 000 1112
Blanket Student Accident and Sickness Medical Evacuation & Repatriation Rider, BSAS AO L27 MER 1112
Blanket Student Accident and Sickness Sports Accident Rider, BSAS AO L27 SA 1112

Dear Commissioner:

This is a rate filing with a proposed effective date of January 1, 2013. The forms were filed on January 28, 2013 under NWLC-128800835.

Nationwide Life Insurance Company ("Nationwide") is filing a new blanket student accident and sickness policy. The forms include a policy, schedule of benefits, application and two riders. This product will be offered to college students and their dependents. The forms include ACA and state mandated benefits/requirements. The forms will be for the 12-13 school year and beyond. They will be marketed upon approval by your department.

The Sports Accident Expense Benefit Rider is a separate, optionally primary, accident only benefit (thus not subject to ACA). The Rider will be offered alongside the student health insurance coverage for athletes.

Since this is a new filing, there are currently no policyholders in the state. The premium information for this new product are addressed in the actuarial memorandums and rate manuals.

Your prompt attention to this submission will be appreciated. If there are any questions, please do not hesitate to contact me.

Sincerely,

Andrea Roberts
Sr. Compliance Analyst
Nationwide Life Insurance Company
Direct: 614-677-8010
Fax: 614-677-8034
Email: roberta8@nationwide.com

Nationwide Life Insurance Company

Actuarial Memorandum

Blanket Accident & Sickness Policy

BSAS AO L20 000 1112

College

**Nationwide Life Insurance Company
Actuarial Rate Submission**

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Section I

Scope and Purpose

The purpose of this actuarial memorandum is to present the rates and supporting information related to a new product filing. It should not be used for any other purpose.

Section II

Benefit Description

Description of the BSAS AO L20 000 1112 Policy

Nationwide Life Insurance Company (Nationwide) is filing a new policy form that provides health coverage for students while enrolled, either on a fulltime (annual) basis or only for selected scholastic terms. The manual rates and rating factors for this policy form, and the method for determining rates for specific colleges (both new and renewing business) forms the basis for this filing.

The policy being filed is a comprehensive major medical plan with coverage up to a benefit maximum (either per policy year or per cause) that ranges from \$500,000 to unlimited for essential health benefits and \$250 to \$1,000,000 for elective treatment and includes an array of specific benefit variables.

The rating factors apply to an “index plan” that contains a pre-defined set of benefit variables. There is a starting claim cost rate for the index plan to which the factors apply. The benefit plan is a Preferred Provider Organization (PPO) benefit plan and is flexible in the cost-sharing options available, so each college can choose from an array of cost options as their needs dictate. There are three benefit payment tiers. The highest benefit payment level is for services rendered at the Student Health Center (SHC). [If there is no student health center at the college, this component is excluded from the policy.] The next highest benefit payment level is for services rendered in the PPO provider network. The third tier is for services rendered by non-network providers. The policy form has a number of bracketed provisions where options can be chosen. Accompanying each of the options available are rating factors that provide for the estimated claim cost differential associated with the benefit options. The policy offers coverage for medical and pharmacy benefits on a comprehensive basis, with options to include accidental death and dismemberment benefits, and repatriation.

This is a blanket group product that will be sold to colleges, universities and similarly defined institutions. The policy will cover eligible students enrolled at the educational facilities and their covered dependents.

Section III

Renewability Clause

Coverage under this form is optionally renewable.

Section IV Applicability

This form will be used for new issues following approval.

Section V Morbidity

Net claim costs for these benefits were developed from a large block of Nationwide Life Insurance Company student business. Claims experience for the academic year 2011-2012 was used for this purpose.

Section VI Mortality

The mortality rates for this coverage are based on a blend of the Society of Actuaries 2006 Group Term Life Experience Study and data received by our external consultants.

Section VII Persistency

No persistency rate assumption was used.

Section VIII Expenses

Average anticipated expenses and commissions are shown in the table below:

Third Party Administration Fee and Commissions	10.0%
Insurance Carrier Expenses	6.0%
Premium Tax and Assessments	3.3%
Profit and Risk Charge	4.0%
Target Expense Charge	23.3%

Section IX Marketing Method

This policy will be marketed to universities through Managing General Underwriters (“MGUs”).

Section X Underwriting

Policies are issued to universities as group policies and subject to standard group underwriting. No individual underwriting is done.

Section XI Premium Classes

Premium rates may vary based on student status and/or family composition. Rates will also vary based on the benefits chosen.

The premium classes available are chosen by the university.

Section XII Issue Age Rating

Issue is based on student status with an actively at school requirement. There is no age limit.

Section XIII Area Factors

Rates will vary by area through application of a geographic area factor. These area rating factors used for this form were developed using Nationwide data and data from external consultants.

Section XIV Average Annual Premium

Premiums will vary based on the rating variables, including the provider network and benefit plan option chosen. Based on the respective Index Rates, the expected average annual premium per student nationwide will be approximately \$1,962.

Section XV Premium Mode Rules

Similar to Premium Classes, mode of premium payment will also vary by university. Benefit rate adjustment factors will be applied to the existing university premium rates. The typical modes for premium payment are by academic terms (e.g. annual, quarter and semester) and by enrollment status (e.g. full or part-time student, family status, etc.).

Section XVI

Claim Liability and Reserves

Incurred but not Reported Reserves (IBNR) are calculated using completion factor methodology by reviewing historical paid and incurred claim payment patterns. Completion factors are updated periodically based on the entire block's loss development pattern. IBNR Reserves are calculated at a block level and held for groupings of similar risks.

Unearned Premium Reserves are held on a seriatim basis for premium that has been paid for the portion of the coverage period subsequent to the valuation date.

Section XVII

Active Life Reserves

Active Life Reserves are not used with this form since it is a one-year term policy.

Section XVIII

Trend Assumptions – Medical and Prescription Drugs

Annual trends are determined based on Nationwide's collective claim experience and industry experience and are updated periodically. In this rate development, the following annual trend factors were used:

(Where more than one factor is applicable, they are to be multiplied)

School Year	Medical Trend Factor	Dental Trend Factor	Vision Trend Factor
2009-2010	1.105	1.050	1.050
2010-2011	1.100	1.050	1.050
2011-2012	1.100	1.050	1.050
2012-2013	1.095	1.050	1.050

If sufficient claim payment data is available to determine the actual past trend history, then a trend factor based on that history may be used either solely, or in combination with the above factors depending on the credibility of the data.

Section XIV

Anticipated Loss Ratio

As implied by the information in Section VIII, the policy is expected to generate a loss ratio of 76.7%.

Section XX

Distribution of Business

There is currently no anticipation of a specific distribution of business based on premium classes, geographic area or other characteristic.

Section XXI

Contingency and Risk Charge

As noted in Section VIII, 4% of premium is assumed for risk and profit charges.

Section XXII

Policy Form Experience

This is a new policy form. For each currently enrolled college that has a current benefit plan, it is not known whether the college will desire to retain its current policy form or convert to this new policy form. For colleges currently enrolled with other carriers, they will be issued this new policy form. It is possible that a college will require a duplication of the current benefit plan. In that case, a decision specific to the college will be made and requirements will be determined on that basis.

Section XXIII

Lifetime Loss Ratio

The policy is expected to generate a lifetime loss ratio of 76.7%.

Section XXIV

History of Rate Adjustments

N/A – This is a new policy form.

Section XXV

Number of Policyholders

This is a new policy form; there are no existing policyholders.

Section XXVI

Proposed Effective Date

The rates, rating factors and rating methods will be used upon approval.

Section XXVII

Actuarial Certification

Nationwide Life Insurance Company relied on data and work done by our external consultants in the preparation for this filing.

I believe that the benefits under this policy are reasonable in relation to the premiums charged and in my opinion the premiums are not excessive, inadequate or unfairly discriminatory. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable state insurance laws and regulations and complies with actuarial standards of practice including ASOP No. 8.

X *Donald Schley*

Donald A. Schley, FSA, MAAA
Actuary
Nationwide Life Insurance Company

February 6, 2013

Nationwide Life Insurance Company

Actuarial Memorandum

Blanket Accident & Sickness Policy

BSAS AO L20 000 1112

Private Secondary Schools

**Nationwide Life Insurance Company
Actuarial Rate Submission**

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Section I

Scope and Purpose

The purpose of this actuarial memorandum is to present the rates and supporting information related to a new product filing. It should not be used for any other purpose.

Section II

Benefit Description

Description of the BSAS AO L20 000 1112 Policy

Nationwide Life Insurance Company (Nationwide) is filing a new policy form that provides health coverage for students while enrolled, either on a fulltime (annual) basis or only for selected scholastic terms. The manual rates and rating factors for this policy form, and the method for determining rates for specific schools (both new and renewing business) forms the basis for this filing.

The policy being filed is a comprehensive major medical plan with coverage up to a benefit maximum (either per policy year or per cause) that ranges from \$1,250,000 to unlimited for essential health benefits and \$250 to \$1,000,000 for elective treatment and includes an array of specific benefit variables.

The rating factors apply to an “index plan” that contains a pre-defined set of benefit variables. There is a starting claim cost rate for the index plan to which the factors apply. The benefit plan is a Preferred Provider Organization (PPO) benefit plan and is flexible in the cost-sharing options available, so each school can choose from an array of cost options as their needs dictate. There are three benefit payment tiers. The highest benefit payment level is for services rendered at the Student Health Center (SHC). [If there is no student health center at the school, this component is excluded from the policy.] The next highest benefit payment level is for services rendered in the PPO provider network. The third tier is for services rendered by non-network providers. The policy form has a number of bracketed provisions where options can be chosen. Accompanying each of the options available are rating factors that provide for the estimated claim cost differential associated with the benefit options. The policy offers coverage for medical and pharmacy benefits on a comprehensive basis, with options to include accidental death and dismemberment benefits, and repatriation.

This is a blanket group product that will be sold to private secondary schools and similarly defined institutions. The policy will cover eligible students enrolled at the educational facilities.

Section III

Renewability Clause

Coverage under this form is optionally renewable.

Section IV Applicability

This form will be used for new issues following approval.

Section V Morbidity

Net claim costs for these benefits were developed from a large block of Nationwide Life Insurance Company student business. Claims experience for the academic year 2011-2012 was used for this purpose.

Section VI Mortality

The mortality rates for this coverage are based on a blend of the Society of Actuaries 2006 Group Term Life Experience Study and data received by our external consultants.

Section VII Persistency

No persistency rate assumption was used.

Section VIII Expenses

Average anticipated expenses and commissions are shown in the table below:

Third Party Administration Fee and Commissions	5.5%
Insurance Carrier Expenses	6.0%
Premium Tax and Assessments	3.3%
Profit and Risk Charge	3.5%
Target Expense Charge	18.3%

Section IX Marketing Method

This policy will be marketed to schools through Managing General Underwriters (“MGUs”).

Section X Underwriting

Policies are issued to schools as group policies and subject to standard group underwriting. No individual underwriting is done.

Section XI Premium Classes

Premium rates may vary based on student status. Rates will also vary based on the benefits chosen.

The premium classes available are chosen by the school.

Section XII Issue Age Rating

Issue is based on student status with an actively at school requirement. There is no age limit.

Section XIII Area Factors

Rates will vary by area through application of a geographic area factor. These area rating factors used for this form were developed using Nationwide data and data from external consultants.

Section XIV Average Annual Premium

Premiums will vary based on the rating variables, including the provider network and benefit plan option chosen. Based on the respective Index Rates, the expected average annual premium per student nationwide will be approximately \$1,864.

Section XV Premium Mode Rules

Similar to Premium Classes, mode of premium payment will also vary by school. Benefit rate adjustment factors will be applied to the existing school premium rates. The typical modes for premium payment are academic terms (e.g. annual, quarter and semester) and by enrollment status (e.g. full or part-time student, etc.).

Section XVI

Claim Liability and Reserves

Incurred but not Reported Reserves (IBNR) are calculated using completion factor methodology by reviewing historical paid and incurred claim payment patterns. Completion factors are updated periodically based on the entire block's loss development pattern. IBNR Reserves are calculated at a block level and held for groupings of similar risks.

Unearned Premium Reserves are held on a seriatim basis for premium that has been paid for the portion of the coverage period subsequent to the valuation date.

Section XVII

Active Life Reserves

Active Life Reserves are not used with this form since it is a one-year term policy.

Section XVIII

Trend Assumptions – Medical and Prescription Drugs

Annual trends are determined based on Nationwide's collective claim experience and industry experience and are updated periodically. In this rate development, the following annual trend factors were used:

(Where more than one factor is applicable, they are to be multiplied)

School Year	Medical Trend Factor	Dental Trend Factor	Vision Trend Factor
2009-2010	1.105	1.050	1.050
2010-2011	1.100	1.050	1.050
2011-2012	1.100	1.050	1.050
2012-2013	1.095	1.050	1.050

If sufficient claim payment data is available to determine the actual past trend history, then a trend factor based on that history may be used either solely, or in combination with the above factors depending on the credibility of the data.

Section XIV

Anticipated Loss Ratio

As implied by the information in Section VIII, the policy is expected to generate a loss ratio of 81.7%.

Section XX
Distribution of Business

There is currently no anticipation of a specific distribution of business based on premium classes, geographic area or other characteristic.

Section XXI
Contingency and Risk Charge

As noted in Section VIII, 3.5% of premium is assumed for risk and profit charges.

Section XXII
Policy Form Experience

This is a new policy form. For each currently enrolled school that has a current benefit plan, it is not known whether the school will desire to retain its current policy form or convert to this new policy form. For schools currently enrolled with other carriers, they will be issued this new policy form. It is possible that a school will require a duplication of the current benefit plan. In that case, a decision specific to the school will be made and requirements will be determined on that basis.

Section XXIII
Lifetime Loss Ratio

The policy is expected to generate a lifetime loss ratio of 81.7%.

Section XXIV
History of Rate Adjustments

N/A – This is a new policy form.

Section XXV
Number of Policyholders

This is a new policy form; there are no existing policyholders.

Section XXVI
Proposed Effective Date

The rates, rating factors and rating methods will be used upon approval.

Section XXVII Actuarial Certification

Nationwide Life Insurance Company relied on data and work done by our external consultants in the preparation for this filing.

I believe that the benefits under this policy are reasonable in relation to the premiums charged and in my opinion the premiums are not excessive, inadequate or unfairly discriminatory. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable state insurance laws and regulations and complies with actuarial standards of practice including ASOP No. 8.

X *Donald Schley*

Donald A. Schley, FSA, MAAA
Actuary
Nationwide Life Insurance Company

February 6, 2013

STATEMENT OF VARIABILITY POLICY, SCHEDULE OF BENEFITS, APPLICATION, AND RIDERS

**AO in the form numbers will be replaced with the appropriate state abbreviation.*

POLICY / SCHEDULE OF BENEFITS: BSAS AO L20 000 1112* and BSAS AO L26 000 1112*

All wording that is bracketed will either be in or out. No new wording will be added.

All bracketed provisions will either be in or out.

All bracketed day, month, mile and credit hour variables are in increments of one (1).

All bracketed variable percentages are in 5% increments.

Throughout the forms, Copayment, Deductible, Insured Percent, Out-of-Pocket Maximum, etc. are bracketed with numeric variables within the brackets. The numeric variables listed are what will be used.

All bracketed dollar ranges will fall within the range shown. Per day/visit frequency or dollar limits may apply, but not both (except as specified for Elective Treatment), unless prohibited by state law.

Coverage for dependents is optional, as determined by the Policyholder. If no dependent coverage is offered, all bracketed references to Dependents in the forms will be removed.

BSAS AO L20 000 1112* – Policy

Page 1,

- Policy Number – Actual policy number will be inserted
- Policyholder – Name of policyholder will be inserted
- Address – Policyholder address will be inserted
- [2013/2014] Policy Year and \$[500,000 – unlimited]: Coverage amount will be updated to comply with current health care reform requirements. The annual limit for 2013/2014 school year is \$500,000; 2014/2015 and beyond is unlimited. Standard limits are per Injury or Sickness with option for limits to apply for all Conditions combined.
- [TPA] – Name of the TPA will be inserted
- [phone number] – Phone number for the TPA will be inserted

Page 2,

- [This Policy is excess only] – option to include or offer coverage as primary
- [ONE YEAR NON-RENEWABLE TERM] – if non-renewable
- [Renewal] – if renewable

TOC – update as sections or benefits apply

Benefit Provisions

- [Accidental Death [and Dismemberment] Benefit] – The entire benefit will either be in or out
 - Option to cover Insured only
 - Option to cover dismemberment
 - [90-356] days – standard is 90 days; option to increase up to 365 days
- [Accidental Death [and Dismemberment] Beneficiary Information] – include if Accidental Death [and Dismemberment] is selected

Claim Provisions

- [Use if no AD&D Benefit] – applicable only if AD&D is not purchased
- [Use if AD&D Benefit provided] – applicable only if AD&D is purchased

STATEMENT OF VARIABILITY POLICY, SCHEDULE OF BENEFITS, APPLICATION, AND RIDERS

Grievance Process

- Standard Appeals
 - Name, Address, Phone Number and Fax Number could change; will be updated to reflect accurate information

Important Notice – Contact information could change; will be updated to reflect accurate information

BSAS AO L26 000 1112* – Schedule of Benefits

Page 1,

- [The Preferred Provider Organization(s) for Your Coverage [is–are]: _____].] – in or out; only applicable if there is a Preferred Provider Organization (PPO). If in, name of the PPO will be inserted.
- [The Review Organization is: [_____].] - in or out; only applicable if there is a Review Organization (PPO). If in, name of the Review Organization will be inserted.
- [The Student Health Center includes: [_____].] - in or out; only applicable if there is a named facility. If in, the name of the specific facility(ies) will be inserted.

Page 2,

- Effective Date – Actual effective date will be inserted
- Termination Date – Actual termination date will be inserted
- [Eligible Class(es)] – Ability to define eligible persons by class; table will expand if there are more than 3 eligible classes. Examples of Eligible Persons are as follows: (1) Undergraduate students enrolled in 12 or more credit hours; (2) Graduate students; (3) Intercollegiate sports participants.
- Premium – Actual Premium table, by Class, will be inserted

Riders Attached at Issuance

- Section only included if riders are applicable; each rider only included if applicable based upon Policyholder elections; will insert final state form numbers into the schedule of benefits (did not in filed version, because form numbers may end up varying by state)

BSAS AO L23 000 1112* – Policyholder Application

Policyholder Information

- [Previous] Policy Number – in or out, and only applicable there is a previous Policy Number
- [Mailing Address, City, State, Zip, County] – Mailing address will be inserted, if applicable
- [Phone] – Actual phone number will be inserted
- [Fax] – Actual fax number will be inserted
- [Administrative Contact] – Name of the administrative contact will be inserted
- [Title] – Title of the administrative contact will be inserted
- [Email Address] – Email address of the administrative contact will be inserted

Eligible Class(es): Description of Eligible Class of persons to be insured; table will expand if there are more than 3 eligible classes.

- [Effective Date] – Actual Effective Date will be inserted
- [Termination Date] – Actual Termination Date will be inserted

STATEMENT OF VARIABILITY
POLICY, SCHEDULE OF BENEFITS, APPLICATION, AND RIDERS

RIDERS: Each of the following riders are optional benefits or provisions. Benefit limits are defined within the rider.

[BSAS AO L27 MER 1112*: Medical Evacuation \[with Family Travel\] and Repatriation Expense Benefit Rider](#)

- [Policyholder: [ABC Company]] – Name of Policyholder will be inserted
- [Policy Number: – Actual policy number will be inserted
- [Rider Number: – Actual rider number will be inserted
- [MM/DD/YYYY] – Actual Effective Date will be inserted

[BSAS AO L27 SA 1112*: Sports Accident Expense Benefit Rider](#)

- [Policyholder: [ABC Company]] – Name of Policyholder will be inserted
- [Policy Number: – Actual policy number will be inserted
- [Rider Number: – Actual rider number will be inserted
- [MM/DD/YYYY] – Actual Effective Date will be inserted



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$	
Are there other deductibles for specific services?	\$	
Is there an out-of-pocket limit on my expenses?	\$	
What is not included in the out-of-pocket limit ?		
Is there an overall annual limit on what the plan pays?		
Does this plan use a network of providers ?		
Do I need a referral to see a specialist ?		
Are there services this plan doesn't cover?		

OMB Control Numbers 1545-2229,
1210-0147, and 0938-1146

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](#).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](#) or call 1-800-[insert] to request a copy.



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use _____ **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness			
	Specialist visit			
	Other practitioner office visit			
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)			
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert] .	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)			
	Physician/surgeon fees			
If you need	Emergency room services			

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](#).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](#) or call 1-800-[insert] to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: [See Instructions]

Coverage for: | Plan Type:

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
immediate medical attention	Emergency medical transportation			
	Urgent care			
If you have a hospital stay	Facility fee (e.g., hospital room)			
	Physician/surgeon fee			
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services			
	Mental/Behavioral health inpatient services			
	Substance use disorder outpatient services			
	Substance use disorder inpatient services			
If you are pregnant	Prenatal and postnatal care			
	Delivery and all inpatient services			
If you need help recovering or have other special health needs	Home health care			
	Rehabilitation services			
	Habilitation services			
	Skilled nursing care			
	Durable medical equipment			
	Hospice service			
If your child needs dental or eye care	Eye exam			
	Glasses			
	Dental check-up			

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

-
-
-

Questions: Call 1-800-[insert] or visit us at www.[insert].com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.[insert] or call 1-800-[insert] to request a copy.

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

•

Your Rights to Continue Coverage:

[insert applicable information from instructions]

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: [insert applicable contact information from instructions].

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](http://www.[insert].com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](http://www.[insert]) or call 1-800-[insert] to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is
not a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$
- **Patient pays** \$

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
Total	\$

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$4,100
- **Plan pays** \$
- **Patient pays** \$

Sample care costs:

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient pays:

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
Total	\$

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](http://www.[insert].com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](http://www.[insert]) or call 1-800-[insert] to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](http://www.[insert].com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](http://www.[insert]) or call 1-800-[insert] to request a copy.



On Your Side®

Nationwide Life Insurance Company
One Nationwide Plaza
1-32-101
Columbus, OH 43215

April 16, 2013

Darniece Shirley
District of Columbia Department of Insurance
810 First Street NE, Suite 701
Washington, DC 20002

Re: SERFF Tracking Number: NWLC-128868797
Rate Filing

Dear Ms. Shirley:

I am responding to your objection letter dated March 19, 2013 in the order received.

[Objection 1](#)

This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. Please identify the Institutions to which this product will be sold.

This product will be sold to students of colleges, universities, schools, and private secondary schools.

[Objection 2](#)

Thank you for providing the Trend Assumptions. We are noting that the stated trend factors are higher than have been seen in this area. If you have any additional information that would justify the trend, please provide.

Please see the attached DC Response 04-2013 letter.

[Objection 3](#)

The Rate Review Data Detail section of the filing is missing. The State understands this is a new filing, however completing is required since this is a Comprehensive Major Medical rate filing. Please correct, via post-submission update.

We respectfully request reconsideration of this objection. The required fields in the Rate Review Data Detail section were completed upon initial submission for review.

Objection 4

Please note, this rate filing is subject to conformity with the corresponding forms' filing. This department reserves the right to withdraw the filing if not.

To the best of our knowledge, the rate filing conforms to the corresponding form filing, submitted and approved on February 15, 2013 under SERFF Tracking Number NWLC-128800835.

Objection 5

Per ACA, this filing does not meet the definition of a Large Group because it will be sold to students and not employees. Therefore the rate filing should be considered an Individual rate filing and meet the requirements of an Individual rate filing.

We have reviewed Bill 18-792 and Chapter 33A per our discussion, and feel that we meet the requirements listed therein pertaining to Individual rate requirements including the individual minimum loss ratio. We interpret ACA to mean that we must follow individual minimum loss ratio requirements, but that the product may still be priced as a group. We have filed this product in all 50 states, and virtually all have considered this to be a group or blanket product. Additionally, students are not individually rated, and individual and/or age band rating and individual underwriting are not performed on this product because it is cost prohibitive. The consumers (schools) would not be able to afford the rates that these practices would necessitate. Rates have been developed in accordance with the Federal Register under 45 CFR 154.

For these reasons, we respectfully request reconsideration of this objection. We would welcome an opportunity to discuss this with you in greater detail at your convenience.

I appreciate your review of this filing. Please contact me if you have any questions at all.

Sincerely,



Andrea Roberts
Sr. Compliance Analyst
Nationwide Life Insurance Company
Direct: 614-677-8010
Email: roberta8@nationwide.com

Student Accident & Sickness Policy
BSAS DC L20 000 1112
SERFF Tracking #: NWLC-128868797

April 2, 2013

Dear Ms. Shirley,

Thank you for your inquiry letter dated March 19, 2013. I look forward to answering your question. For your convenience, I have repeated your question below in italics along with our responses.

Comments:

Thank you for providing the Trend Assumptions. We are noting that the stated trend factors are higher than have been seen in this area. If you have any additional information that would justify the trend, please provide.

Response:

Nationwide's trend was determined based on market research. Some surveys that were used include The 2012 Segal Health Plan Cost Trend Survey, PWC's June 2010 Medical Cost Trends for 2011, and Aon Summer 2011 Health Care Trend Survey. You may find the reported trends for each survey in the tables below.

2012 Segal Health Plan Cost Trend Survey	2008	2009	2010	2011
PPO Trend with Rx	9.7%	8.3%	10.8%	9.8%

PWCs' June 2010 Medical Cost Trends for 2011	2008	2009	2010	2011
Medical Cost Trend	9.9%	7.5%	8.0%	8.5%

Aon Summer 2011 Health Care Trend Survey	2008	2009	2010	2011
PPO Medical Actives and Retirees <65 (with Rx)	10.7%	10.7%	10.7%	9.9%

Nationwide Life Insurance Company

Thank you for the opportunity to submit our proposed college rating. I hope that I have addressed your concerns.

Sincerely,

A handwritten signature in cursive script that reads "Donald A. Schley".

Donald A. Schley, FSA, MAAA
Actuary
Nationwide Insurance Company